

INGLESIDE

407 NORTH EIGHTH STREET

MOUNT HOREB 53572

Phone: (608) 437-5511

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 119

Total Licensed Bed Capacity (12/31/03): 119

Number of Residents on 12/31/03: 114

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified?

Title 19 (Medicaid) Certified?

Average Daily Census: 107

Corporation

Skilled

Yes

Yes

Yes

107

| Services Provided to Non-Residents | | Age, Gender, and Primary Diagnosis of Residents (12/31/03) | | | | Length of Stay (12/31/03) | | % |
|------------------------------------|-----|--|-------|------------|-------|---------------------------------|--|------|
| Home Health Care | No | Primary Diagnosis | % | Age Groups | % | Less Than 1 Year | | 19.3 |
| Supp. Home Care-Personal Care | No | | | | | 1 - 4 Years | | 34.2 |
| Supp. Home Care-Household Services | No | Developmental Disabilities | 0.9 | Under 65 | 7.9 | More Than 4 Years | | 24.6 |
| Day Services | No | Mental Illness (Org./Psy) | 26.3 | 65 - 74 | 5.3 | | | ---- |
| Respite Care | Yes | Mental Illness (Other) | 3.5 | 75 - 84 | 23.7 | | | 78.1 |
| Adult Day Care | No | Alcohol & Other Drug Abuse | 0.0 | 85 - 94 | 51.8 | ***** | | |
| Adult Day Health Care | No | Para-, Quadra-, Hemiplegic | 0.0 | 95 & Over | 11.4 | Full-Time Equivalent | | |
| Congregate Meals | No | Cancer | 4.4 | | ---- | Nursing Staff per 100 Residents | | |
| Home Delivered Meals | No | Fractures | 5.3 | | 100.0 | (12/31/03) | | |
| Other Meals | No | Cardiovascular | 28.9 | 65 & Over | 92.1 | ----- | | |
| Transportation | No | Cerebrovascular | 7.0 | ----- | ---- | RNs | | 9.3 |
| Referral Service | No | Diabetes | 0.9 | Gender | % | LPNs | | 11.7 |
| Other Services | Yes | Respiratory | 2.6 | ----- | ---- | Nursing Assistants, | | |
| Provide Day Programming for | | Other Medical Conditions | 20.2 | Male | 26.3 | Aides, & Orderlies | | |
| Mentally Ill | Yes | | ---- | Female | 73.7 | | | |
| Provide Day Programming for | | | 100.0 | | ---- | | | |
| Developmentally Disabled | Yes | | | | 100.0 | | | |

Method of Reimbursement

| | | Medicare (Title 18) | | | Medicaid (Title 19) | | | Other | | Private Pay | | Family Care | | Managed Care | | | | | |
|----------------------|-----|------------------------|-----|---------------------|------------------------|-----|---------------------|-------|---|----------------|-------|----------------|---|-----------------|---|-----|-------|-------------------------|----------------|
| | | No. | % | Per Diem (\$) | No. | % | Per Diem (\$) | No. | % | No. | % | No. | % | No. | % | No. | % | Total Resi- dents | % Of All |
| Int. Skilled Care | 0 | 0.0 | 0 | 2 | 3.1 | 144 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 2 | 1.8 |
| Skilled Care | 17 | 100.0 | 353 | 61 | 95.3 | 123 | 0 | 0.0 | 0 | 30 | 96.8 | 172 | 0 | 0.0 | 0 | 2 | 100.0 | 214 | 96.5 |
| Intermediate | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 1 | 3.2 | 169 | 0 | 0.0 | 0 | 0 | 0.0 | 1 | 0.9 |
| Limited Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Personal Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Residential Care | --- | --- | --- | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Dev. Disabled | --- | --- | --- | 1 | 1.6 | 183 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 1 | 0.9 |
| Traumatic Brain Inj | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Ventilator-Dependent | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0 | 0.0 | 0 | 0.0 |
| Total | 17 | 100.0 | | 64 | 100.0 | | 0 | 0.0 | | 31 | 100.0 | | 0 | 0.0 | | 2 | 100.0 | 114 | 100.0 |

| ***** | | | | | | |
|--|------|--|-------------|--------------------------------------|-----------|---------------------------|
| Admissions, Discharges, and Deaths During Reporting Period | | Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03 | | | | |
| | | ----- | | | ----- | |
| Percent Admissions from: | | Activities of | % | % Needing Assistance of | % Totally | Total Number of Residents |
| Private Home/No Home Health | 2.1 | Daily Living (ADL) | Independent | One Or Two Staff | Dependent | |
| Private Home/With Home Health | 4.8 | Bathing | 0.0 | 73.7 | 26.3 | 114 |
| Other Nursing Homes | 5.5 | Dressing | 4.4 | 73.7 | 21.9 | 114 |
| Acute Care Hospitals | 75.9 | Transferring | 13.2 | 58.8 | 28.1 | 114 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Toilet Use | 7.9 | 59.6 | 32.5 | 114 |
| Rehabilitation Hospitals | 0.0 | Eating | 49.1 | 39.5 | 11.4 | 114 |
| Other Locations | 11.7 | ***** | | | | |
| Total Number of Admissions | 145 | Continence | % | Special Treatments | % | |
| Percent Discharges To: | | Indwelling Or External Catheter | 7.0 | Receiving Respiratory Care | | 11.4 |
| Private Home/No Home Health | 8.6 | Occ/Freq. Incontinent of Bladder | 35.1 | Receiving Tracheostomy Care | | 0.0 |
| Private Home/With Home Health | 31.7 | Occ/Freq. Incontinent of Bowel | 36.8 | Receiving Suctioning | | 0.0 |
| Other Nursing Homes | 1.4 | | | Receiving Ostomy Care | | 4.4 |
| Acute Care Hospitals | 4.3 | Mobility | | Receiving Tube Feeding | | 2.6 |
| Psych. Hosp.-MR/DD Facilities | 0.0 | Physically Restrained | 0.9 | Receiving Mechanically Altered Diets | | 29.8 |
| Rehabilitation Hospitals | 0.0 | | | | | |
| Other Locations | 14.4 | Skin Care | | Other Resident Characteristics | | |
| Deaths | 39.6 | With Pressure Sores | 2.6 | Have Advance Directives | | 99.1 |
| Total Number of Discharges (Including Deaths) | 139 | With Rashes | 14.0 | Medications | | |
| | | | | Receiving Psychoactive Drugs | | 61.4 |

Selected Statistics: This Facility Compared to All Similar Metropolitan Area Facilities & Compared to All Facilities

| ***** | | | | | | | | | |
|--|-----------------|-------------------------------------|-------|--------------------------------|-------|---------------------------------|-------|------------------|-------|
| | This Facility % | Ownership: Proprietary Peer Group % | Ratio | Bed Size: 100-199 Peer Group % | Ratio | Licensure: Skilled Peer Group % | Ratio | All Facilities % | Ratio |
| Occupancy Rate: Average Daily Census/Licensed Beds | 89.9 | 86.2 | 1.04 | 87.6 | 1.03 | 88.1 | 1.02 | 87.4 | 1.03 |
| Current Residents from In-County | 85.1 | 78.5 | 1.08 | 83.0 | 1.02 | 82.1 | 1.04 | 76.7 | 1.11 |
| Admissions from In-County, Still Residing | 27.6 | 17.5 | 1.58 | 19.7 | 1.40 | 20.1 | 1.37 | 19.6 | 1.40 |
| Admissions/Average Daily Census | 135.5 | 195.4 | 0.69 | 167.5 | 0.81 | 155.7 | 0.87 | 141.3 | 0.96 |
| Discharges/Average Daily Census | 129.9 | 193.0 | 0.67 | 166.1 | 0.78 | 155.1 | 0.84 | 142.5 | 0.91 |
| Discharges To Private Residence/Average Daily Census | 52.3 | 87.0 | 0.60 | 72.1 | 0.73 | 68.7 | 0.76 | 61.6 | 0.85 |
| Residents Receiving Skilled Care | 98.2 | 94.4 | 1.04 | 94.9 | 1.03 | 94.0 | 1.05 | 88.1 | 1.12 |
| Residents Aged 65 and Older | 92.1 | 92.3 | 1.00 | 91.4 | 1.01 | 92.0 | 1.00 | 87.8 | 1.05 |
| Title 19 (Medicaid) Funded Residents | 56.1 | 60.6 | 0.93 | 62.7 | 0.90 | 61.7 | 0.91 | 65.9 | 0.85 |
| Private Pay Funded Residents | 27.2 | 20.9 | 1.30 | 21.5 | 1.27 | 23.7 | 1.15 | 21.0 | 1.30 |
| Developmentally Disabled Residents | 0.9 | 0.8 | 1.09 | 0.8 | 1.15 | 1.1 | 0.79 | 6.5 | 0.14 |
| Mentally Ill Residents | 29.8 | 28.7 | 1.04 | 36.1 | 0.83 | 35.8 | 0.83 | 33.6 | 0.89 |
| General Medical Service Residents | 20.2 | 24.5 | 0.82 | 22.8 | 0.88 | 23.1 | 0.87 | 20.6 | 0.98 |
| Impaired ADL (Mean) | 54.7 | 49.1 | 1.11 | 50.0 | 1.09 | 49.5 | 1.10 | 49.4 | 1.11 |
| Psychological Problems | 61.4 | 54.2 | 1.13 | 56.8 | 1.08 | 58.2 | 1.06 | 57.4 | 1.07 |
| Nursing Care Required (Mean) | 8.1 | 6.8 | 1.20 | 7.1 | 1.15 | 6.9 | 1.17 | 7.3 | 1.11 |